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To: Examiner Isis A.D. GHALI

Group Art Unit: 1615

Fax No.: 571-273-8300

Phone No.:

Application No.: 10/611,531

Atty. Docket No.: ARC2869N1

From: Lisa McDill for Philip S. Yip

Pages: 16, including cover

Date: February 27, 2006

Enclosed, please find:

1. Transmittal form (1 pg.);
2. Fee Transmittal (1 pg., in duplicate);
3. Request for Continued Examination Transmittal (1 pg.); and
4. RCE: Response to Office Action / Amendment (11 pp.).

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PTO/SB/21 (00-04)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

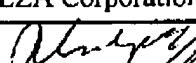
Total Number of Pages in This Submission

14

Application Number	10/611,531
Filing Date	June 30, 2003
First Named Inventor	Venkatraman et al.
Art Unit	1615
Examiner Name	Isis A.D. GHALI

Attorney Docket Number

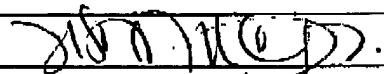
ARC2869N1

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Remarks Enclosed: 1. Transmittal form (this sheet, 1 pg.); 2. Fcc Transmittal (1 pg., in duplicate); 3. Request for Continued Examination Transmittal (1 pg.); and 4. RCE: Response to Office Action / Amendment (11 pp.).			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	ALZA Corporation		
Signature			
Printed name	Philip S. Yip		
Date	02/27/2006	Reg. No.	37,265

CERTIFICATE OF TRANSMISSION/MAILING

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Lisa McDill

Date

02/27/2006

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PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

1,290.00

Complete if Known

Application Number	10/611,531
Filing Date	June 30, 2003
First Named Inventor	Venkatakrman et al.
Examiner Name	Isis A.D. GHALI
Art Unit	1615
Attorney Docket No.	ARC2869N1

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number:	10-0750	Deposit Account Name: Johnson & Johnson

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)
26	- 20 or HP = 6	x 50.00	= 300.00	50	25
HP = highest number of total claims paid for, if greater than 20.				200	100
				360	180
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
4	- 3 or HP = 1	x 200.00	= 200.00	Fee (\$)	Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number)	x 250.00	= 0.00

4. OTHER FEE(S)

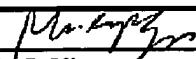
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Excess claim fees (\$500) & RCE fee (\$790)

Fee Paid (\$)

1,290.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	37,265	Telephone 1-650-564-5808
Name (Print/Type)	Philip S. Yip	Date	February 27, 2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (01-06)

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Examiner Name	Isis A.D. GHALT
Art Unit	1615
Attorney Docket No.	ARC2869N1

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 10-0750 Deposit Account Name: Johnson & Johnson

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Provisional	200	100	0	0	0	0	

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Other (e.g., late filing surcharge): Excess claim fees (\$500) & RCE fee (\$790) 1,290.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature	<i>Philip S. Yip</i>	37,265	1-650-564-5808
Name (Print/Type)	Philip S. Yip		Date February 27, 2006

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